

ROLE TO CLINICAL SCENARIO MAPPING SPREADSHEET

The Role to Clinical Scenario Mapping spreadsheet developed by the Veterans Health Administration (VHA) Role-Based Access Control (RBAC) Task Force (TF) continues to be populated after weekly discussions with TF clinicians. The spreadsheet associates American Society for Testing and Materials (ASTM) E1986-98 Standard Guide for Information Access Privileges to Health Information roles to high level clinical activities performed by those healthcare roles. Thus far, three previously unidentified roles have been added to the 107 ASTM roles, and sixty clinical tasks have been identified within the major groupings of Order Entry, Review Documentation, Perform Documentation and Scheduling. A draft version of the spreadsheet was delivered to the Department of Veterans Affairs (VA) Office of Cyber and Information Security (OCIS) on 12 November 2003 for access control identification.

Once populated, the spreadsheet will function as a foundational tool to help scope the RBAC modeling effort. It can also be utilized as a quick reference for activities performed by each healthcare role. The spreadsheet presents scaleable management of user permissions in the form of a list of roles and tasks (role-based access) as a healthcare standard.

INTEGRATING THE HEALTHCARE ENTERPRISE (IHE) MEETING

An overview of the Healthcare RBAC TF efforts and the RBAC Health Level Seven (HL7) activities were presented to the Integrating the Healthcare Enterprise (IHE) Meeting in San Diego on 27 January 2004. The RBAC activities report was well received with enormous interest by IHE, including the international representatives from France and Australia. Several individuals present were already familiar with the TF work from the HL7 presentations the preceding week. IHE wants to ensure that the timing of the IHE RBAC activities (2 years hence) makes sense in regards to the Healthcare RBAC efforts. In this regard, the immediate thought was to consider early definition of standards profiles that surround RBAC prior to the emergence of a real RBAC standard.

The mission of IHE is to develop healthcare-specific standards profiles that apply to designated use cases. IHE is not a standards organization and depends upon other standards organizations. Under the leadership of Healthcare Information and Management Systems Society (HIMSS) and the Radiological Society of North America (RSNA), IHE began in November 1998 as a collaborative effort to improve the way computer systems in healthcare share critical information.

RBAC DOCUMENTS PEER REVIEW SCHEDULED FOR FEBRUARY

In early February 2004, two fundamental RBAC documents, the RBAC Role Engineering Process and the modified ASTM E1986-98 standard, will be peer reviewed by the Healthcare RBAC Task Force. The role engineering process has been proven and in use successfully for approximately one year. The document has been enhanced to include the process of developing the Role to Clinical Scenario Mapping spreadsheet. ASTM E1986-98 has been refreshed to add three previously unidentified roles to the existing 127 ASTM roles. The goal is for the Healthcare RBAC Task Force to approve and adopt these two documents.

SDO ACTIVITY

- ? HL7 - At the January 2004 HL7 Working Group Meeting held in San Diego, California, the VHA Health Information Architecture (HIA) office presented an RBAC update to the Personnel Management Technical Committee, Control Query Technical Committee and the Government Special Interest Group. The Modeling and Methodology (M&M) Technical Committee was presented with a discussion of how the RBAC Role Engineering Process could be incorporated into the HL7 Development Framework (HDF) methodology. Additionally, RBAC was presented at the HL7 Services "Birds-of-a-Feather" meeting, which included various activities within the HL7 Community that touch Services-Oriented Architectures (SOA), with a focus on identifying reasonable paths toward addressing these community needs across HL7. The RBAC updates and discussions were well received. VHA members will be meeting with members of the M&M Technical Committee in the near future to discuss the RBAC Role Engineering Process in detail. It is also planned that an RBAC presentation will be given to the HL7 Board at the May 2004 Working Group Meeting.

Dawn Bollmann (Dawn.Bollmann@med.va.gov) is the technical lead and point of contact for RBAC Task Force activities.